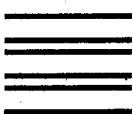




98759

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UNITED STATES POSTAL SERVICE



Arizona Corporation Commission
Docket Control
1200 W Washington St
Phoenix, AZ 85007

JUN - 4 A 4 52

RECEIVED

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

Arizona Corporation Commission
DOCKETED

JUN 4 2009



2S Form 3811 Domestic Return Receipt

File: W-02451A-09-0078

1. Article Addressed to:	
Arizona Reporting Service, Inc. 2200 N. Central Ave., -502 Phoenix, AZ 85004-1481	
5/29/2009 11:32 AM	
2. Article Number 7105 4522 6440 0000 7492	
A. Signature <input checked="" type="checkbox"/> Agent	
B. Received by (Printed Name) <input checked="" type="checkbox"/> Addressee	
C. Date of Delivery <input checked="" type="checkbox"/> Yes If YES enter delivery address below: D. Is delivery address different from item 1? <input type="checkbox"/> Yes	
D. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
E. Service Type <input checked="" type="checkbox"/> Certified	
F. Signature 	
G. Address 10-3-Q9 H. Station I. City J. State K. Zip	
L. Signature 	
M. Date 6-3-09	
N. Signature 	
O. Date of Delivery <input checked="" type="checkbox"/> Yes	
P. Received by (Printed Name) <input checked="" type="checkbox"/> Addressee	
Q. Date of Delivery <input checked="" type="checkbox"/> Yes	
R. Signature 	
S. Address 	
T. City U. State V. Zip	
W. Signature 	
X. Date of Delivery <input checked="" type="checkbox"/> Yes	
Y. Received by (Printed Name) <input checked="" type="checkbox"/> Addressee	
Z. Date of Delivery <input checked="" type="checkbox"/> Yes	
AA. Signature 	
BB. Address 	
CC. City DD. State EE. Zip	
FF. Signature 	
GG. Date of Delivery <input checked="" type="checkbox"/> Yes	
HH. Received by (Printed Name) <input checked="" type="checkbox"/> Addressee	
II. Date of Delivery <input checked="" type="checkbox"/> Yes	
JJ. Signature 	
KK. Address 	
LL. City MM. State NN. Zip	
OO. Signature 	
PP. Date of Delivery <input checked="" type="checkbox"/> Yes	
QQ. Received by (Printed Name) <input checked="" type="checkbox"/> Addressee	
RR. Date of Delivery <input checked="" type="checkbox"/> Yes	
TT. Signature 	
UU. Address 	
VV. City WW. State XX. Zip	
YY. Signature 	
ZZ. Date of Delivery <input checked="" type="checkbox"/> Yes	
AA. Received by (Printed Name) <input checked="" type="checkbox"/> Addressee	
BB. Date of Delivery <input checked="" type="checkbox"/> Yes	
CC. Signature 	
DD. Address 	
EE. City FF. State GG. Zip	
HH. Signature 	
II. Date of Delivery <input checked="" type="checkbox"/> Yes	
JJ. Received by (Printed Name) <input checked="" type="checkbox"/> Addressee	
KK. Date of Delivery <input checked="" type="checkbox"/> Yes	
LL. Signature 	
MM. Address 	
NN. City OO. State PP. Zip	
QQ. Signature 	
RR. Date of Delivery <input checked="" type="checkbox"/> Yes	
SS. Received by (Printed Name) <input checked="" type="checkbox"/> Addressee	
TT. Date of Delivery <input checked="" type="checkbox"/> Yes	
UU. Signature 	
VV. Address 	
WW. City XX. State YY. Zip	
ZZ. Signature 	
AA. Date of Delivery <input checked="" type="checkbox"/> Yes	
BB. Received by (Printed Name) <input checked="" type="checkbox"/> Addressee	
CC. Date of Delivery <input checked="" type="checkbox"/> Yes	
DD. Signature 	
EE. Address 	
FF. City GG. State HH. Zip	
II. Signature 	
JJ. Date of Delivery <input checked="" type="checkbox"/> Yes	
KK. Received by (Printed Name) <input checked="" type="checkbox"/> Addressee	
LL. Date of Delivery <input checked="" type="checkbox"/> Yes	
MM. Signature 	
NN. Address 	
OO. City PP. State QQ. Zip	
RR. Signature 	
SS. Date of Delivery <input checked="" type="checkbox"/> Yes	
TT. Received by (Printed Name) <input checked="" type="checkbox"/> Addressee	
UU. Date of Delivery <input checked="" type="checkbox"/> Yes	
VV. Signature 	
WW. Address 	
XX. City YY. State ZZ. Zip	
AA. Signature 	
BB. Date of Delivery <input checked="" type="checkbox"/> Yes	
CC. Received by (Printed Name) <input checked="" type="checkbox"/> Addressee	
DD. Date of Delivery <input checked="" type="checkbox"/> Yes	
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JJ. Signature 	
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MM. Date of Delivery <input checked="" type="checkbox"/> Yes	
NN. Signature 	
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TT. Signature 	
UU. Date of Delivery <input checked="" type="checkbox"/> Yes	
VV. Received by (Printed Name) <input checked="" type="checkbox"/> Addressee	
WW. Date of Delivery <input checked="" type="checkbox"/> Yes	
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